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Notice of Independent Review Decision

Case Number:

Date of Notice: 07/09/2015

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Psychiatry

Description of the service or services in dispute:

Psychological Testing

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

The patient is a male who was injured on xx/xx/xx when he slid on an icy walkway injuring his left shoulder and left hip. The patient did require surgery for the left hip and has had 2 separate surgeries for the right shoulder followed by rehabilitation via physical therapy. It is noted the patient was being evaluated for a chronic pain management program on 05/13/15. The patient was noted to have elevated fear avoidance beliefs for both work and physical activity. The patient's BDI was reported as 14 with a BAI reported as 19. The psychological portion of the assessment noted a dysthymic mood with constricted affect. The patient was appearing to minimize his reporting of psychological distress. The report concluded that a chronic pain management program would be appropriate for the patient. There was a recommendation for an MMPI-2-RF and BHI-2 battery with a total of 3 hours of psychological testing.

The requested psychological testing for 3 hours was denied on 06/02/15 noting increasing BDI and BAI scores following a work hardening program. Due to the failure of a work hardening program, it was unclear what chronic pain management had to offer the patient. Therefore, the reviewer felt that psychological testing prior to a chronic pain management was not indicated.

The request was again denied on 06/18/15 as there was no formal diagnosis of chronic pain syndrome by a pain management specialist. There was no indication the patient had made any substantial improvement in recovery to support the psychological testing.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The clinical documentation submitted for review included an assessment psychologically for the patient's appropriateness to enter into a chronic pain management program. The patient was already found to have elevated BDI and BAI scores as well as significantly elevated FABQ scores. The patient is noted to have recently completed a work hardening program with no apparent improvement in overall function. Given the patient's psychological assessment to date which continues to note severe depression and anxiety symptoms as well as fear avoidance beliefs, it is unclear what additional information could be gained with psychological testing that would impact the overall recommendation for this patient's rehabilitation. Therefore, in this reviewer's opinion, the psychological testing requested would not be considered medically necessary. As such, the prior denials remain upheld.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPH-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and Guidelines
- ☐ European Guidelines for Management of Chronic Low Back Pain
- ☐ Interqual Criteria
- ☒ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☒ ODG-Official Disability Guidelines and Treatment
- ☐ Guidelines Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice
- ☐ Parameters Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Medical Literature (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)